

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		57	1/15/87
FORMALITY REVIEW	H-S	866	12-29-00
RESPONSE FORMALITY REVIEW	MO	X-955	2-11-87

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/13/87
2	✓	✓	1/13/87
3	✓	✓	1/13/87
4	✓	✓	1/13/87
5	✓	✓	1/13/87
6	✓	✓	1/13/87
7	✓	✓	1/13/87
8	✓	✓	1/13/87
9	✓	✓	1/13/87
10	✓	✓	1/13/87
11	✓	✓	1/13/87
12	✓	✓	1/13/87
13	✓	✓	1/13/87
14	✓	✓	1/13/87
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44	✓	✓	1/13/87
45	✓	✓	1/13/87
46	✓	✓	1/13/87
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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